



2015/2016 Institutional Membership Form

APPAM offers its institutional members the following benefits:

- 20 free student memberships annually (non-academic institutional members receive 5 free memberships for junior staff)
- Discounts for advertising in APPAM conference programs, exhibiting at conferences and sponsoring events
- Searchable institutional and individual membership databases that help you connect with colleagues, potential students and employees
- Listing in the Institutional Member Directory
- Participation on the APPAM Committee of Institutional Representatives
- The opportunity to host future APPAM conferences outside of Washington, D.C.
- The ability to nominate students for the APPAM Ph.D. Dissertation Award
- A subscription to the *Journal of Policy Analysis and Management* (JPAM) either online or by mail
- Great networking opportunities to connect with potential students and employees
- The opportunity to host APPAM's policy forums
- Access to current institutional data submitted by various schools for the purpose of comparing program focus, cost, enrollment, and more

Please note that an institutional membership includes an individual membership for the institutional representative.

Organization Name: _____

Department: _____

Address: _____

City, State, Zip: _____

County: _____

Telephone/Fax: _____

Toll Free Number: _____

Organization Website: _____

Head of Institution Name: _____

Title: _____

E-mail: _____

Primary Contact assigned as the Institutional Representative

(Primary contact will be used for all APPAM correspondence and will receive the free professional membership)

Name: _____

Email: _____

Already an APPAM Individual Member: ____ (Yes) ____ (No)

Field of Study: _____

Primary Expertise: _____

JPAM Option: ____ (Online) ____ (Print) ____ (Both)

Administrative Contact

(Administrative contact will be used as a secondary contact)

Name: _____

Email: _____

Total Amount:

\$ 2,000.00

Method of Payment: Check ____ Credit Card ____

Credit Card No: _____ Exp. Date: _____ CCV No: _____

Cardholder's Name: _____

Card Billing Add: _____

City: _____ State: _____ Zip: _____

Signature of Authorization: _____

Please submit completed forms by fax: (202) 496-0134 or e-mail, mgrenda@appam.org, or mail:
APPAM 1029 Vermont Ave NW, Suite 1150, Washington, DC 20005